

State Program Standing Committee
Vt. Historical Society
March 20, 2014

Meeting commenced: 9:40am

Members attended: Emily Anderson, Anne Bakeman, Max Barrows, Linda Berger, Julie Cunningham, Bethany Drum, Joe Greenwald, Nicole LeBlanc, Greg Mairs, Kyle Moriarty, Theresa Wood, and Susan Yuan

Members absent: Edwin Place, Barbara Prine, and Connie Woodbury

Guests & staff: Melissa Bailey, June Bascom, Nancy Breiden, Jeff Coy, Lisa Martel, Bart Mairs, Lisa Maynes, Clare McFadden, Dixie McFarland, Chris O'Neill, Tina Royer, Karen Schwartz, Karen Topper, Karen Wynkoop

Minutes: The February minutes were reviewed. Bethany made a motion to accept the minutes as written. Nicole LeBlanc seconded the motion. Minutes approved by all.

Announcements:

- Nicole LeBlanc: The respectful language bill is being signed tomorrow, Friday, March 21 at 11am at the Ceremony Office.
- Greg Mairs has been appointed to the OneCare Clinical Board. He will bring feedback from the SPSC to the board.

System of Care Plan: Clare McFadden and June Bascom joined the meeting to get input about the DDS System of Care Plan (SOCP) that is being developed and will be in effect from SFY 15 – SFY 17. The SOCP draft will be ready May 1, 2014. Public hearings will be held on Thursday May 15th at the State Program Standing Committee meeting being held at the Comfort Inn in Barre, and on May 19th at various Vermont Interactive Technology sites. Clare asked the committee for input as to what they would like to see in the next SOCP for FY 15-17. Questions were asked of the committee:

1. Flexible Family Funding (FFF) If there are more funds available, do you think we should increase the allocation or serve more families? If there is the same amount of funds available, do you think we should increase the allocation or serve more families? DDS is now administering the Family Managed Respite dollars. Should we consider merging FFF and FMR funds for children?
 - Need more respite for families. Make more available and know how to get it.
 - Needs Assessment – do we know why families use most for flex dollars and not for respite – hard to find workers?
 - \$1,000 goes a long way to help those families who use it to hang in there. Lower amount of money could make it difficult.
 - Would not want families to lose money if not enough families going off.
 - Increase money could exacerbate issue with IFS. See that FFF only serves one part of all in Integrated Family Services (IFS).
 - Should FFF pot be blended with respite pot.
 - Would limit access to those dollars.
 - Loss of access to flexible money.
 - FFF would go away for good.

- IFS top down system – don't feel a decision would be made that reflects families's needs.
 - Adults get FFF – hold out? If no, FFF line item goes away, adults would lose their FFF.
 - Information on family managed respite not readily available to families.
 - SSAs access family managed respite via DA so family needs to be consumer of both providers
2. Review funding priorities – ideas for changing these (keeping in mind that we will likely have about the same amount of new caseload funding available)
- Have more specific funding priority categories (aging care giver, homeless).
 - Keep parenting priority.
 - Act 248 vs. the public safety – limit money from public safety limited to just people on Act 248.
 - Public Safety vs Equity Fund – access to dollars (e.g. high school grads).
 - Competition on funds – public safety risk – people are afraid to fund them as it cuts into funding for others.
 - Be more proactive with funding than reactive.
 - Unless we have a needs assessment we don't know what we need. Are there adults that lost jobs?
 - Preventing institutionalization is currently the only way for kids to get new funding.
 - More assessment/review of how children fit into SOCP in terms of IFS.
 - Will kids' access to services be narrow or broad?
 - Transition to adult services – seamless or needs to re-apply?
 - Need IFS funding priority (Age 18) – result in DDS funding kids twice.
 - Age 18 – still have funding from entitlements (school).
 - IFS with waiver – respite via IFS – then when kid turns 18 they need waiver money again to pay for respite they had been getting from funding originally from DS waiver.
 - Making new pressure on caseloads where there wasn't one.
 - If kids have entitlement funding, no access to adult system money.
 - Need clear info to families where/how to access IFS services.
 - Is IFS replacement of what DDS had or something less comprehensive – is IFS meeting needs of families?
3. We may be able to support some new innovations or initiatives, e.g. training, pilots of new ways of providing support – housing alternatives, community support, employment, etc.) Do you have any thoughts about priorities?
- Peer support – peers to live with each other – peer mentoring.
 - Provide incentives for people to move to more independent setting.
 - Mini grants – seed money for innovations to DA/SSA.
 - Don't allocate all money to DA/SSA's.
 - Work with DCF so kids coming into services don't have as severe needs.
 - Values based training – conference, regional training – audience: staff, families, contracted workers.
 - RFP – bring self-advocates & families together - shared voice.
 - Grant to DDC – ARC – VFN – from DDS in past - need to support family advocacy.
 - Training for support staff – how to listen to people with disabilities – hear their voice – help them be the “driver.”
4. Any thoughts about how the Equity and Public Safety funding committees operate?
- Sexuality
 - Balance between money for offenders and the victim – Trauma – need sensitive training/support.

IFS Discussion: Melissa Bailey presented. Melissa reviewed with Greg Mairs the IFS program at his agency (Counseling Services of Addison County). Greg: there are a lot of good things that have happened along with a few hiccups. With the implementation of IFS, he has now doubled the number of children with DD served. The agency has expanded over 200% of kids with DS diagnosis. Melissa advised that there has been a reduction in crisis calls regarding kids. Secretary Racine shared with Melissa that schools are reporting to the education world like IFS. When going into new region, IFS will look at individual cases to see how they will fit into IFS. A \$20,000 grant was received from Ben & Jerry's for a pilot program for a parent to be involved in the IFS process in Addison County. The go live date for IFS to begin in Franklin and Grand Isle Counties is April 1, 2014. Diane Bugbee (DDSD Children's Specialist) is the lead for Family Managed Respite. More effort is needed to get the word out to families that this funding is available at the designated agencies.

Transition: This is an ongoing discussion. The cut off for funding in DS is 17 years old. Transition age youths have been an underserved population. There are still discussions about who will provide services to this age group. A memo with the interim plan was distributed to agencies, but with the caveat that further discussion is needed. The committee advised that the SOCP should be as clear as possible regarding the responsibility for providing services to children and guidance around transition.

Re-designation for Northeast Kingdom Human Services: The committee voted to re-designate with minor.

Bill H.728: Theresa Wood briefly reviewed the bill (as passed to the appropriations committee) and noted the updated changes to the bill since it was first introduced. The committee gave the following feedback.

- The committee is generally supportive of the changes to the bill.
- Consensus is a summer study group is a good idea. Various committee members commented that the bill was needed for the following reasons:
 - They would like to see more involvement by legislators in committees of jurisdiction (Appropriations, House Human Services, Senate Health and Welfare) in the development of the SOCP. They would like to see more balance in authority to make changes between administration and legislature. A comment was made that too much authority lies with the Department to make significant changes that affect peoples' lives.
 - They would like to assure that there are ample opportunities for stakeholder input.
 - The current DD Act only requires review by the SPSC. They would like a broader review.
 - There is a desire to enhance the DDSD quality assurance function.
- The January 15th date for the annual report is not feasible. There was recognition that some of the data that is included in the annual report would not be available in time to meet that deadline.
- Some questions about if there should be changes that represent changing the status of how services may be delivered related to healthcare reform. This bill does not touch on that.
- It was recommended that a representative from the Protection and Advocacy organization be included on the Study Committee.
- It was noted that the requirements to be physically present to vote and to constitute a quorum was an odd requirement. This may not be consistent with requirements for making reasonable accommodations for people with disabilities. Phone or video conferencing should be permitted.

Meeting adjourned: 12:30pm